OR TOWN  d. FULL NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or Print)  5. SEX  10a. USUAL OCCUPAT done during most of wor form 3a. FATHER'S NAM  3a. FATHER'S NAM  (Yw. 20. or unknown)  18. CAUSE OF DEATH	corporate limite, write  Newada  (If not in hospital or  East limit  a. (First)  Claude  6. COLOR OR RACE  white  TON (Give kind of work  king life, went if retired)  E  Wille  /ER IN U.S. ARMED	RURAL and give township) C. LENC STAY (in ).  Institution, was street address or b. (Middle)  We S I  WHARRIED, NEVER MAR WHOOWED, BIVORCED  TO LOD, KIND OF BUSINESS	2. USUAL, RE a. STATE M  TH OF c. CITY (If outside of the blace)  ROST (If outside of the blace)  C. (Last)	SIDENCE (Where decease b. SIDENCE (Where decease b. C.	(Month) (Day) (Yes 27 19  a years   F UNDER   VEAR   IF UNDER   day)   Months   Days   Hours
1. PLACE OF DE a. COUNTY  b. CITY (If outoide OR TOWN  d. FULL NAME OF HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED (Type or Print)  5. SEX  ) The late of Market S. NAME OF TOWN  10a. USUAL OCCUPAT done during most of wor during most of wor done during most of word done during mos	corporate limits, write  Newada  (If not in hospital or  Earl limits  a. (First)  Claude  6. COLOR OR RACE  White  TION (Give kind of work  king life, was if retired  E  Wille  /ER IN U.S. ARMED	RURAL and give township)  C. LENG STAY (in STAY	2. USUAL RE a. STATE M TH OF c. CITY (If outed OR TOWN location) d. STREET ADDRESS  C. (Last) CRIED, (Specify) OR IN- DUSTRY  2. USUAL RE a. STATE M OR IN- B. DATE OF BIRT Model /7  11. BIRTHPLACE ( Suffice)  C. (Last)	de corporate limits, write RURA  (If reral, give logation)  4. DATE OF DEATH H 19. AGE (III Last birth 62.4	Month Day West Hours of Hours
a. COUNTY  b. CITY (If outside OR TOWN)  d. FULL NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or Print)  5. SEX  7 Mala  10a. USUAL OCCUPAT done during most of wor during most of wor was presented by the control of the country of th	corporate limits, write  Newada  (If not in hospital or  Earl limits  a. (First)  Claude  6. COLOR OR RACE  White  TION (Give kind of work  king life, was if retired  E  Wille  /ER IN U.S. ARMED	township) STAY (in institution, was street address or b. (Middle)  D. (Middle)  7. MARRIED, NEVER-MARWIDOWED, BIVORCED  10b. KIND OF BUSINESS  13b. MOTHER'S	a. STATE M  STH OF c. CITY (If outside Discounts)  location)  C. CITY (If outside Discounts)  C. (Last)  C. (Inst)  C.	de corporate limits, write RURA  (If reral, give logation)  4. DATE OF DEATH H 19. AGE (III Last birth 62.4	Month Day West Hours of Hours
OR TOWN  d. FULL NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or Print)  5. SEX  Oa. USUAL OCCUPAT done during most of wor  Sa. FATHER'S NAM  S. WAS DECEASED EX  Yes. no. or unknown)  6. CAUSE OF DEATH	Earl Line  (If not in hospital or  Earl Line  a. (First)  Claude  6. COLOR OR RACE  White  TON (Give kind of work  king life, even if retired)  E  Wille  VER IN U.S. ARMED	township) STAY (in institution, was street address or b. (Middle)  D. (Middle)  7. MARRIED, NEVER-MARWIDOWED, BIVORCED  10b. KIND OF BUSINESS  13b. MOTHER'S	OR TOWN CO. (Last)  C. (Last)  C. (Last)  C. (Last)  C. (Last)  C. (Last)  Mill  RIED, (Specity)  OR IN- DUSTRY  OR IN- DUSTRY	(If reral, give location)  (If recal, give location)	(Month) (Day) (Yes  (Month) (Day) (Yes  A years   F Under 1 YEAR   F Under 2  day)  (Months   Days   Hours    12. CITIZEN OF 1
d. FULL NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or Print)  5. SEX  3. USUAL OCCUPAT done during most of wor work of work of the control o	a. (First)  Claude 6. COLOR OR RACE  White  TON (Give kind of work  king life, even if retired)  E  Willia  /ER IN U.S. ARMED	institution, was street address or b. (Middle)  D. (Middle)  We S  7. MARRIED, NEVER MAR WHOOWED, BIVORCED  TOD. KIND OF BUSINESS  13b. MOTHER'S	C. (Last) C. (La	(If reral, give location)  (If recal, give location)	(Month) (Day) (Yes    Dec 27 19   Dyears   F DECE   YEAR   F DECE     Months   Days   Hours     12. CITIZENOF
NAME OF DECEASED (Type or Print)  SEX  USUAL OCCUPATIONS during most of working most of unknown)  WAS DECEASED EVENTON TO CAUSE OF DEATH	a. (First)  Claude 6. COLOR OR RACE  White  TON (Give kind of work  king life, even if retired)  E  Willia  /ER IN U.S. ARMED	b. (Middle)  Wess  7. MARRIED, NEVER MAR WHOOWED, DIVORCED  TO THE STATE OF BUSINESS  13b. MOTHER'S	C. (Last)  C. (Last)  C. (Last)  Mill  CRIED,  (Specity)  OR IN- DUSTRY  ADDRESS  C. (Last)  Mill  RIED,  11. BIRTHPLACE  Buffle	4. DATE OF DEATH H 9. AGE (It last birth 7, /888 62 4	(Month) (Day) (Yes  Sec 2.7 19  a years   F UNDER   VEAR   F UNDER 2 day)  Months   Days   Hours
(Type or Print)  5. SEX  On. USUAL OCCUPAT done during most of wor  form  3a. FATHER'S NAM  5. UNAS DECEASED EV  Yes. no. or unknown)  7. ON  8. CAUSE OF DEATH	Claude  6. COLOR OR RACE  White  TON (Give kind of work king life, even if retired)  E  Millia  /ER IN U.S. ARMED	7. MARRIED, NEVER MAR WIDOWED, BIVORCED TO 10b. KIND OF BUSINESS	eried. (Specify)  OR IN- DUSTRY  R. DATE OF BIRT  March /7  11. BIRTHPLACE  Suffice	OF DEATH H 9. AGE (Ix last birth 624	Dec 27 19  a years of UNDER 1 YEAR OF UNDER 2  day)  Months Days Hours  12. CITIZEN OF 1
Sa. FATHER'S NAM  Sa. CAUSE OF DEATH	6. COLOR OR RACE  White  TON (Give kind of work king life, even if retired)  E  William  /ER IN U.S. ARMED	7. MARRIED, NEVER MAR WIDOWED, BIVORCED 10b. KIND OF BUSINESS	RRIED, (Bjoodsy)  OR IN- DUSTRY  8. DATE OF BIRT  March 17  11. BIRTHPLACE  Sufficients	DEATH H 9. AGE (In 1, /888 624	a years of UNDER 1 YEAR OF UNDER 2 Hours 12. CITIZENOF
Da. USUAL OCCUPAT done during moet of wor form la. FATHER'S NAM JOHN H.  J. WAS DECEASED EX (res. no. or unknown) D. CAUSE OF DEATH	White  TON (Give kind of work king life, even if retired)  E  Miller  /ER IN U.S. ARMED	WHOOMED, BIVORCED  10b. KIND OF BUSINESS  13b. MOTHER'S	OR IN- DUSTRY BIRTHPLACE GUSTRY	, 1888 Lest birth	day) Months Days Hours
done during most of wor da. FATHER'S NAM A. WAS DECEASED EVEN. 20. or unknown)	iting life, even if retired	13b. MOTHER'S	DUSTRY Buffe	(State or foreign country)	12. CITIZEN OF (COUNTRY)
John H.  5. WAS DECEASED EVEN. 20. or unknown)  7. O. CAUSE OF DEATH	Millu VER IN U.S. ARMED	1	MAIDEN NAME		1 11.2.2.2
Yes, no, or unknown) 71.0  8. CAUSE OF DEATH		1 // // A.	7 · · · · · · · · · · · · · · · · · · ·	14 NAME OF HUST	BAND OR WIFE
CAUSE OF DEATH		1 000-00	umminge	Mande	. Miller
	(If yes, give war or date			NT'S SIGNATURE OF	R NAME ADDRES
			ICAL CERTIFICATION	N of	INTERVAL BETW ONSET AND DE
Enter only one cause per ine for (a), (b), and (c)		DING TO DEATH*(a)	ut ora	Mondoro	mproso Fra
*This does not mean	ANTECEDENT (	•	chi in	0	Disconsiderad.
he mode of dying, such s heart failure, asthenia	Tize to the doore	ns, if any, giving DUE TO (b) cause (a) stating	mone of		
ic. It means the dis- ase, injury, or complica-		DUE TO (c)	willes	merco	seem 2 2/2
ion which caused death.	. II. OTHER SIGN	IFICANT CONDITIONS ibuting to the death but not case or condition causing death.		11	12 01
9a. DATE OF OPERA-	195. MAJOR FIN	IDINGS OF OPERATION	<del></del>	<del></del>	20. AUTOPSY?
	·   ·	120 ns	,		YES NO
1a. ACCIDENT SUICIDE HOMICIDE	DOS	21b. PLACE OF INJURY (e.g., in home, farm, factory, street, office b	a or about 21c, (CITY, TOWN,	, OR TOWNSHIP)	(COUNTY) (STATE)
Id. TIME (Moost OF INJURY	b) (Day) (Year)	(Hour) 21e. INJURY OCC.  WHILE AT WORK AT W	HILECT	URY OCCURT	
2. I hereby certify	that I attended	the deceased from <u>Ma</u> : O, and that death occur	———, _1 <i>0</i> ——, •v –	Dec. 27, 1950 on the causes and on the	_, that I last saw the deceded
34. SIGNATURE		(Degree o			23c. DATE SIGI
11/11/11		A / Chan ( )			
Rolla.	8 Ma	2///		dg.,Nevada,	Mo. 12/29/
Rolla.	1. 240. DATE 50) Due , 30		MOOTE B1 EMETERY OR CREMATORY Unon Cemeter	24d. LOCATION (Oity	
10.00	face so	,50 mt. U.	EMETERY OR CREMATORY	24d. LOCATION (OILY)	town, or county) (State

DIVISION OF HEALTH OF M District No. 5 - Springfield	(
RECEIVED JAN 8 1951	
Dist. File 151-69	
Date Filed/ . 9	

orking under my personal supervision.	
· .	Signed Marion M. Laurs

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_\_

the above constitutes grounds for revocation of license.)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No...

If this body is not embalmed, fact should be so stated above.